

## Hysterectomy Information and Consent

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### 1. Protocol for Consent and Authorization

Hysterectomy and sterilization procedures are strictly controlled by federal regulation and state statute. Because of the restraint on use of federal funds for such procedures, established protocol for consent and authorization must be carefully followed, or payment cannot be made to the physician, anesthesiologist, or facility for service to Medicaid clients. It is the responsibility of the surgeon to obtain prior authorization for a hysterectomy procedure, whether it is prior to the procedure or under emergency circumstances. Retroactive authorizations will only be considered under the criteria stated in Section 1, Chapter 9 - 7, of the Medicaid Provider Manual, as amended in October 1998.

Effective October 1, 1998, physicians must send the final, completed consent forms for sterilization to the Medicaid Prior Authorization unit BEFORE claims for hysterectomy or sterilization will be paid. Medicaid must enter complete information into the data system and set up a file with the original information submitted by the physician. If you have any questions, please call Medicaid Information and select the Prior Authorization Unit from the telephone menu.

### Medicaid Information:

In the Salt Lake City area, call 538-6155.  
In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, and Nevada, call toll-free 1-800-662-9651.  
From other states, call 1-801-538-6155.

### 2. Required Documentation

Hysterectomy procedures are a Medicaid benefit and may be reimbursed if medically necessary. Hysterectomies are **not** a benefit when performed solely for the purpose of sterilization. For your convenience, Hysterectomy Reference Guides for scheduled and emergency hysterectomies are included with this attachment

A. Title 42 Code of Federal Regulations § 441.255 provides that payment can be made for a hysterectomy when two conditions are met:

1. The person who secured authorization to perform the hysterectomy has informed the individual and her representative, if any, orally and in writing that the hysterectomy will make the individual permanently incapable of reproducing; and
2. The individual or her representative, if any, has signed a written acknowledgment of receipt of that information.

B. Accordingly, documentation provided prior to an authorization being given must include both of the following written acknowledgments for scheduled, medically necessary hysterectomies:

1. **Written acknowledgment** that the patient, or her representative, has been informed orally and in writing that the hysterectomy will render the patient incapable of reproducing, and
2. **Written acknowledgment** that the patient or her representative received the hysterectomy information.

### 3. Telephone Initiated Prior Authorization

When you initiate a prior authorization request for a hysterectomy by telephone, please be prepared to provide the following:

- A. The medical necessity for the hysterectomy;
- B. Conservative measures considered or tried, the length of time conservative measures have been evaluated, and reasons for failure;
- C. The specific hysterectomy procedure code; and
- D. The completed and signed hysterectomy acknowledgment statement sent by Fax transmission or mail.

For telephone requests, please call Medicaid Information and select the Prior Authorization Unit from the telephone menu.

#### **4. Acknowledgment of Hysterectomy Information and Consent Statement**

Medicaid does not provide a form for the acknowledgment of consent to hysterectomy, nor is there a specific format. However, an example of the required acknowledgment of hysterectomy information statement is included with this attachment. Physicians may design their own consent and acknowledgment statement, as long as it assures the patient received the information required by federal regulation in Title 42 Code of Federal Regulations §441.255.

The statement must be signed by the patient or her representative. *The statement must be faxed or mailed to Medicaid before a prior authorization number for the service will be issued.* Upon receipt of the hysterectomy information statement, a prior authorization number may be assigned, and the provider will be notified by telephone.

Note: The federally developed Consent to Sterilization form is acceptable because the federal language refers to "sterilization by hysterectomy". The form contains most of the necessary information, except that it does not

clearly show the written acknowledgment that the patient or her representative was informed and provided with a copy of the necessary information.

Send the hysterectomy acknowledgment to:

MEDICAID PRIOR AUTHORIZATION UNIT  
P.O. BOX 143103  
SALT LAKE CITY UT 84114-3103

or use FAX number : **(801) 538-6382**

#### **5. Exceptions to Written Acknowledgment of Hysterectomy Information Statement**

An written acknowledgment of hysterectomy information statement is not required in either of the following two situations:

##### **Exception #1: Patient is Already Sterile**

The statement is **not** required if the patient is already sterile at the time the hysterectomy is performed. The physician must certify in writing that the patient was already sterile at the time of the hysterectomy, explain the cause of sterility, and send the written certification with the request for prior authorization. (42 CFR 441.225(d)(2)(ii)(1992).

##### **Exception #2: Emergencies Requiring Hysterectomy**

If the patient's condition is life-threatening (for example, a ruptured uterus with hemorrhage following labor and delivery), the physician performing the hysterectomy may determine that obtaining prior authorization is not possible. Approval for services may be granted "after-the-fact" with appropriate documentation and review. Medicaid requires the physician to submit the following documentation for the pre-payment review:

1. A completed Prior Authorization Form, including the CPT code, Medicaid Identification number for the patient, Medicaid provider number, and an

explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the physician completing the request.

2. Documentation from the medical record to support the emergent nature of the procedure. Include written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.
3. Consent form (showing exact procedure to which patient consented.) A hospital consent form can be accepted under these emergency circumstances.
4. Patient history and physical
5. Operative report
6. Pathology report
7. Discharge summary

Send this information to the Medicaid Prior Authorization Unit.

#### **6. Retroactive Medicaid Eligibility: Hysterectomy Procedures**

According to Code of Federal Regulations 441.256, payment is not available for any sterilization or hysterectomy unless the Medicaid agency, before making payment, obtained documentation showing that all of the federal requirements for authorization were met prior to the procedure. Only the surgeon can request retroactive authorization and provide the necessary information and assurance that all requirements are met.

If a patient becomes eligible for Medicaid after a hysterectomy has been performed, the physician must submit written documentation to meet the federal regulations for reimbursement. Approval for services may be granted "after-the-fact" with appropriate

documentation and review.

The physician must submit the following documentation to Medicaid for pre-payment review:

1. A completed Prior Authorization Form, including the CPT code, Medicaid Identification number for the patient, Medicaid provider number, and an explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the surgeon completing the request.
2. Documentation of either:
  - A. The acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained prior to the surgery, specifically that she would be sterile and incapable of reproducing, OR
  - B. The patient met one of the exceptions; was already sterile, or there were life-threatening emergency circumstances.
3. Consent form showing the procedure to which the patient consented.
4. Patient history and physical
5. Operative report
6. Pathology report
7. Discharge summary

Send this information to the Medicaid Prior Authorization Unit.

NOTE: Requests for retroactive authorization will no longer be accepted from any one except the surgeon. It is the responsibility of the physician to obtain the prior authorization for a hysterectomy procedure, whether it is prior to the procedure or under emergency circumstances. If the physician fails to get the approval for whatever reason, the only recourse for the hospital, anesthesiologist, or others who are seeking payment is to encourage the surgeon to pursue the request.

## Example of Hysterectomy Consent Form

Note: Medicaid will reimburse only those hysterectomies which meet the requirements of Title 42, Code of Federal Regulations §441.255. Before a hysterectomy is performed, the patient or her representative must receive oral and written information explaining that the hysterectomy will render the patient incapable of reproducing. The patient or her representative must acknowledge receipt of this information by completing and signing a written acknowledgment. Below is an EXAMPLE of acknowledgment and receipt of information regarding sterilization by hysterectomy.

Patient Name	_____	<b>EXAMPLE FORM</b>
Medicaid Identification Number	_____	
Patient Address	_____ _____	
Physician Name	_____	
Address	_____ _____	
<p>By signing below, the patient or her representative acknowledges being informed orally and in writing that this hysterectomy procedure will render her <u>permanently incapable of reproducing and that she has received a copy of this form.</u></p>		
Date:	_____	
_____ (Patient's Signature)		
OR	_____	
(Patient's Representative's Signature)		
_____ (Typed Description of Representative's Relationship to Patient)		
_____ Signature of Physician or Physician's Staff Member providing this information to the Patient or her Representative.		

**SCHEDULED HYSTERECTOMY REFERENCE GUIDE**

<b>Patient Eligibility</b>	<b>Patient Sterile or Not Sterile?</b>	<b>Requirements</b>
Patient eligible on date of service	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary</li> <li>2. Physician's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> </ol>
Patient eligible on date of service	Patient not already sterile	<p>Telephone prior authorization request must include:</p> <ol style="list-style-type: none"> <li>1. An explanation of the medical necessity for the hysterectomy</li> <li>2. The specific hysterectomy procedure code</li> <li>3. The completed and signed hysterectomy acknowledgment statement faxed or mailed to Medicaid Prior Authorization Unit</li> </ol>
Patient retroactively eligible	Patient already sterile	Send written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary, and include the physician's written certification that the patient was already sterile at the time of the hysterectomy, and explaining the cause of sterility.
Patient retroactively eligible	Patient not already sterile	<p>Send written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</p> <p>Include written acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing.</p>

**EMERGENCY HYSTERECTOMY REFERENCE GUIDE**

<b>Patient Eligibility</b>	<b>Patient Sterile or Not Sterile?</b>	<b>Requirements</b>
Patient eligible on date of service	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> <li>4. Physician's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> </ol>
Patient eligible on date of service	Patient not already sterile	<ol style="list-style-type: none"> <li>1. Written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> </ol>
Patient retroactively eligible	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> <li>4. Physician's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> <li>5. Acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing, OR</li> <li>6. Patient met one of the exceptions.</li> </ol>
Patient retroactively eligible	Patient not already sterile	<ol style="list-style-type: none"> <li>1. Written prior authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. The acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing.</li> </ol>